Name in Full

Certificate of Death

Charles W. Adams

Died at Town Fen Mills House County Balto MARYLAND

Date 1900 Month Jan Day 19 | Age Y 31 M. D. | Native of Maryland | Occupation Hostler

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Ezriab Adams

Mother's Name Susan Adams

Cause of Death: Primary [illegible] 22a

Immediate Consumption

How long sick [illegible]

Accident, Suicide, Homicide

Reported by [illegible]

Address [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Mrs. Mary L. Allison

Certificate of Death

Town

Died at Govanstown County Balto. MARYLAND

Month Day Y. M. D.

Date 190~~0~~ 1 10 Age 80 Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 7

~~Husband~~ Wife of Joseph Allison

Father's Name Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by The Union 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7969R

Name in Full Thursesa Altvater

Certificate of Death

Died at 1020 5th St Highlandtown Balto. Co MARYLAND

Town ~~County~~

Date 1900 Month Jan Day 2 | Age Y. 53 M. yr D. | Native of Germany | Occupation Housewife

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ of Wife Henry Altvater

Father's Name

Mother's Name

Cause of Death { Primary 72 | How long sick

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by H. Sander Sons

Address 1710 Canton Ave

~~Must be signed by physician, if any in attendance, otherwise by coroner~~, undertaker or ~~minister~~.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Anderson David - M -

Died at Town Catonsville County Baltimore MARYLAND

Date 1900 Month Jan Day 20 | Age Y. 50 M. D. | Native of Va | Occupation R Road Man

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Mary Anderson of Richmond Va

Father's Name Unknown Mother's Name Unknown

Cause of Death: Primary General Paresis 45 1 yr & six months

Immediate Paralysis of Heart.

How long sick

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr R. F. Gundry

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79893

Name in Full *5940 Certificate of Death

Mary Anthony

Died at Town Bay View Asylum (Insane dept.) County Baltimore County MARYLAND

Date 1900 Month January Day 25th Age Y. 32 M. — D. — Native of Baltimore Occupation Domestic

~~Male~~ ~~Female~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widowed~~ ~~Number of children living~~

~~Husband~~ of Wife John H. Anthony 755 Raborg St. Baltimore

Father's Name Mother's Name

Cause of Death { Primary Pneumonia 72 How long sick Five days

Immediate Asthenia Accident, Suicide, Homicide

Reported by R A Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full #5903 Certificate of Death

Francis M. Arnold

Died at Town Sparrows Point, County Balto. MARYLAND

Date ~~189~~ 1900 Month 1 Day 10 | Age Y. 35 M. D. | Native of Orangeville | Occupation Painter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife

Father's Name Mother's Name 143

Cause of Death: Primary | How long sick

Immediate Fracture of Skull by fall | Accident, Suicide, Homicide

Reported by Summer M Drayer, Justice of Peace

Address Sparrows Pt Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner Sumner McDrayer

of Sparrow Point, Md

Information contained in this certificate received

from Sumner McDrayer.

of Sparrows Point

Name in Full

Certificate of Death

Anna C Aston (Ashville NC)

Died at Town Sheppard & Enoch Pratt County Hosp. Towson Balto C MARYLAND

Date ~~[illegible]~~ Month 1900 Dey Jany 14 Age Y. 44 M. D. Native of Tenn. Occupation ——

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name E J Aston

Mother's Name C (Gilland) Aston

Cause of Death: Primary Chronic Bronchitis 70 — How long sick 4 Yrs +

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Edward N Brush

Address Sheppard & Enoch Pratt Hosp. Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Name in Full Rebecca Barbour

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 189 1900 Month Jan Day 15th Age Y. 2 M. D. Native of N. Carolina Occupation None

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of —

71

Father's Name Abram Barbour

Mother's Name Mary Barbour

Cause of Death Primary Capillary Bronchitis

Immediate Uremia

How long sick 14 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. D. L. Richard

of 910 Canton St. Baltimore Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full Michael Barrett

Certificate of Death

Died at Town Towson County Baltimore MARYLAND

Date 1900 Month January Day 1st Age Y. 2 M. D. Native of Maryland Occupation Infant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Michael Barrett Mother's Name 22 b

Cause of Death Primary Intercular Meningitis How long sick three weeks

Immediate Convulsion ~~Accident, Suicide, Homicide~~

Reported by Dr I. H. Jarrett

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

Louisa Beal

Died at Town Hammonds Ferry County Road County Baltimore MARYLAND

Date 1900 Month January Day 7 | Age Y. 38 M. D. years | Native of A.A.Co. Md. | Occupation House Wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of John Beal 22a

Father's Name William Harris. Mother's Name Martha Harris

Cause of Death — Primary: Pneumonia. How long sick 3 months

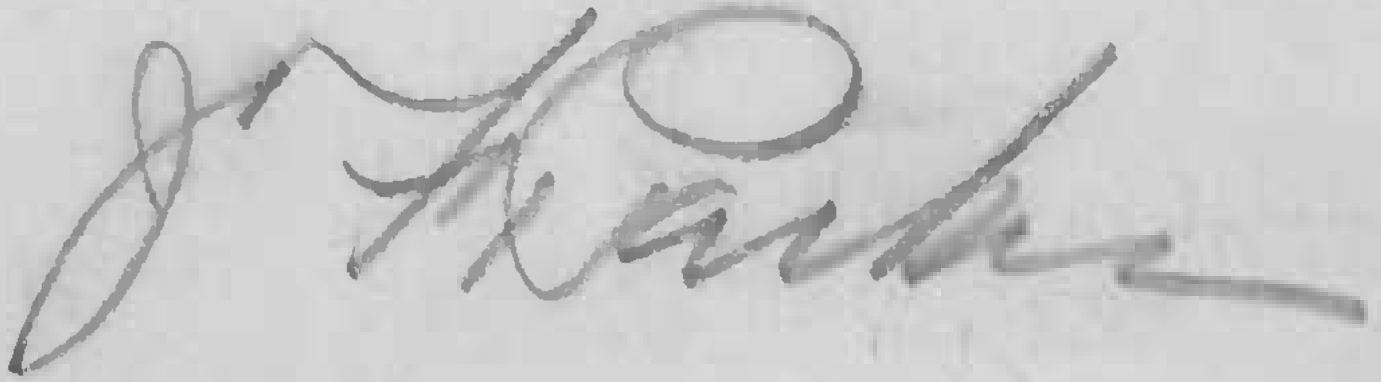
Immediate: Phthisis Pulmonalis. ~~Accident, Suicide, Homicide~~

Reported by Frank A. Ruhl. M.D.

Address Hammonds Ferry Balt. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7



Name in Full #6953

George E. Betts

Certificate of Death

Died at Bay View Asylum (Insane Dept.) Town Baltimore County MARYLAND

Date 1900 Month January Day 31st

Age Y. 50 M. — D. —

Native of Maryland

Occupation Blacksmith

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary General Paresis 4 5

Immediate Exhaustion

How long sick 1 Year Insane

Accident, Suicide, Homicide

Reported by R. L. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Maryland

26 years in Balto

Name in Full

Certificate of Death

Infant of John G. and Jannette Beumler

Died at Town Highlantown County Baltimore MARYLAND

Date 1900 Month 1 Day 24 | Age Y. M. D. Still birth | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living —

Husband of Wife —

Father's Name John G. Beumler Mother's Name Jannette Beumler

Cause of Death Primary ~~[illegible]~~ Still How long sick —

Immediate Accident, Suicide, Homicide

Reported by E. W. Fanny Mr

Address 304 Bank St Exp

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Jannetta. Beumler ~~Boon~~

Certificate of Death

Died at Town Highlanton County Balto. MARYLAND

Date 1910. Month 1 Day 26 | Age Y. 18 M. D. | Native of Balto | Occupation Housekeeper

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ ~~Wife~~ Wife of John. G. Beumler

Father's Name ~~John. G.~~ Mother's Name 118

Cause of Death: Primary Confinement — How long sick 48 hours

Immediate Collapse. Accident, Suicide, Homicide

Reported by E. W. Janny M.D.

Address 304. Bank st. Highlanton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Thos. Bond

Certificate of Death

Town

County Balto

Died at MARYLAND

Date 19 or Month 1 Day 13 | Y. M. D. Age 22 | Native of | Occupation

Male ~~Female~~ White Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband of

Wife

Father's Name Daniel Bond

Mother's Maiden Name 152a

Cause of Death: Primary Concussion of brain | How long sick

Immediate | Accident, Suicide, Homicide

Reported by The Nurses 1-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 20808

Name in Full X 5931

August Brack-

Certificate of Death

Died at Town: Mt Hope Retreat County: Balto Co MARYLAND

Date 1900 Month: April Day: 22 | Age Y. 62 M. — D. — | Native of Germany | Occupation —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name 46

Cause of Death: Primary Recurrent Mania -

Immediate Pneumonia & Cardiac Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Belongs to Baltimore

Name in Full #5947 Francis Brady.

Certificate of Death

Died at Town: Bay View County: Hospital MARYLAND

Date 1900 Month: 1 Day: 28 | Age Y. 51 M. D. | Native of Ireland | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name

Mother's Name 71

Cause of Death: Primary Bronchus Pneumonia — How long sick

Immediate Asthenia — Accident, Suicide, Homicide

Reported by J. W. Wallace M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

In Balto. 22 yrs.

Name In Full

Edward Brown Col

Certificate of Death

Died at Town Scotts Level County Balto MARYLAND

Date 1900 Month Jan Day 3 Age Y. 26 M. D. Native of Maryland Occupation Day Labor

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Charles Brown Mother's Name Sarah F Brown

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

OVER

OVER

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Campbell

of Owings Mills

Seen by Coroner

of

Information contained in this certificate received from

of

37

6281

0061

Name In Full Louisa Bruno

Certificate of Death

Died at Town Canton County Balto MARYLAND

Date 1900 Month 1 Day 23 | Age Y. 40 M. — D. — | Native of Md | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living —

Husband of / Wife —

Father's Name Henry Bruno | Mother's Name Frances Bruno

Cause of Death — Primary Pneumonia 72 — Immediate Exhaustion. | How long sick 5 days | ~~Accident, Suicide, Homicide~~

Reported by D.W. Jones M.D

Address 3180 Bonnell pl

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Allen Buckingham

Died at Town Reisterstown County Balt — MARYLAND

Date 1900 Month 1 Day 26 | Age Y. 76 M. — D. — | Native of Md | Occupation Lumberman

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of Wife Ary Buckingham

Father's Name — Mother's Name —

Cause of Death: Primary Dyspepsia — 81 | How long sick 2 yrs

Immediate Atonic Dyspepsia — | Accident, Suicide, Homicide

Reported by Dr J H Wilson

Address Fowblesburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: James Butler

Certificate of Death

Died at: Town: Gorans town — County: Baltimore — MARYLAND

Date: 1900 — Month: 1 — Day: 2 — Age: Y. 61 M. D. — Native of: Maryland — Occupation: Florist

Male — ~~Female~~ — ~~Writer~~ Colored — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: 8

Husband of Wife: Jane Butler

Father's Name: Dont Know — Mother's Name: Dont Know

Cause of Death — Primary: Tuberculosis 22a — How long sick: about 2 years

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Dr. E. M. Duncan

Address: Gorans town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Wm Chauvrant, Certificate of Death

Died at Town Dickeyville County Balto, MARYLAND

Date 1900 Month Jan Day 23rd Age Y. 8 M. D. Native of America Occupation None,

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Charles Chauvrant Mother's Name Leda Chauvrant,

Cause of Death Primary 72 How long sick 5 days,

Immediate Pneumonia, Accident, Suicide, Homicide

Reported by George F. Everhart M.D.

Address Dickeyville Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Joseph Cokamp

Town

County

Died at Carroll Baltimore MARYLAND

| Date | Month | Day | Age | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|---|
| 1900 | Jan | 3rd | | 57 | — | — | Baltimore | Machinist |

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Pul. Tuberculosis 22a

Immediate Asthma

How long sick two months

~~Accident, Suicide, Homicide~~

Reported by Dr. T. H. Brown

Address Visiting physician to St Agnes Hospital

*Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full | Certificate of Death

Daisy Lilly Constantine

Died at Town Arlington Sta. E County Baltimore Co - MARYLAND

Date ~~189~~ 1900 Month Jan Day 12 | Age Y. 20 M. D. | Native of Carroll Co | Occupation —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

Husband of Wife Warner Constantine 38

Father's Name ~~Warner Constantine~~ Mother's Name ~~Daisy Lilly Constantine~~

Cause of Death: Primary Died from Exhaustion | How long sick 1 wk

Immediate Caused by Hydrocephalic Child | ~~Accident, Suicide, Homicide~~

Reported By E. Gordon Vack MD.

Address W. Arlington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr E. Gordon Pall

of

Seen by Coroner

of

Information contained in this certificate re-

ived from

of

Name in Full

Certificate of Death

Adelia Cook

Town

Died at Park Heights Ave. County Balto. Co. MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 1900 | 1 | 12th. | Age about 40 yrs. | | Md. | — |

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband ~~of~~ ~~Wife~~ John H. Cook 22a

Father's Name —— Mother's Name ——

Cause of Death: Primary Phthisis Pulmonalis; Immediate Exhaustion

How long sick about 4 yrs.

~~Accident, Suicide, Homicide~~

Reported by D. Walton Bolgiano

Address 2020 N. Charles st, Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Patrick Coyle

Certificate of Death

Died at Town Beechfield, County Balto Co MARYLAND

Date 1901 Month Jan Day 20 Age Y. 85 M. D. Native of Ireland Occupation Gardener

Male White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living 4

Husband of Wife

Father's Name Mother's Name 45

Cause of Death Primary General Paresis How long sick 2 yrs

Immediate Inanition Accident, Suicide, Homicide

Reported by Dr C L Mattfeldt

Address Colonnade Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full

Certificate of Death

Mrs. Mary E. Dobler

Died at Town Clifton Park County Balto. MARYLAND

Date 19 00 Month 1 Day 16 | Age Y. 67 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife John Dobler

Father's Name

Mother's Maiden Name

Cause of Death

Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 1-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

William Duss

Certificate of Death

Died at Town N. Point Road County Balto MARYLAND

Date 1900 Month Jan. Day 19 | Age Y. 33 M. — D. | Native of Germany | Occupation slate worker

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Typhoid Fever

Immediate Pneumonia

How long sick 5 weeks

~~Accident, Suicide, Homicide~~

Reported by Dr. F. W. Schuessler

Address 1013 S Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Thomas Edmonston, Certificate of Death

Died at Town Dickeyville County Balto. MARYLAND

Date 1900 Month Jan'y 6th Day Age Y. 74 M. D. Native of America Occupation Laborer,

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Elizabeth Edmonston,

~~Wife~~

Father's Name Mother's Name 25 k

Cause of Death: Primary

Immediate Cancer of Liver

How long sick 6 1/2 months

Accident, ~~Suicide~~, ~~Homicide~~

Reported by George H. Eichard M. D.

Address Dickeyville Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6598R

$$O \cdot \nu \nu$$

Name in Full ✡ 5886 Samuel Emmerich

Certificate of Death

Died at Town: West Port County: Baltimore MARYLAND

Date 1900 Month: Jan Day: 5

Age Y. 16 M. 2 D.

Native of: Maryland

Occupation:

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name: Henry J. Emmerich

Mother's Name: S. E. Emmerich

Cause of Death: Primary 148

Immediate Drowning

How long sick

Accident, ~~Suicide, Homicide~~

Reported by John. P. James. coroner.

Address Mt Winans. Balto County Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner John P. James

of Baltimore County

Information contained in this certificate received

from Edward Emmerich

of Mt Washington Balto Co Md

Name in Full

Certificate of Death

Frederick Faulstich

Died at Town: Pikesville County: Baltimore MARYLAND

Date 1917 Month: Jan Day: 23 | Age Y. 63 M. D. | Native of Germany | Occupation Brewer Blk Smith

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Anna Faulstich

Father's Name: Geo Faulstich

Mother's Name: Gertrude

Cause of Death: Primary: Angina Pectoris — How long sick: two months

Immediate: 58 — ~~Accident, Suicide, Homicide~~

Reported by: M Lorin Naylor

Address: Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Elva Fletcher.

Certificate of Death

Died at — Town: Highland — County: Balt — MARYLAND

Date ~~189~~ 1900 — Month: 1 — Day: 20 — Age: Y. 4 M. 1 D. — Native of: Md — Occupation: None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Joo A. Fletcher

Mother's Name: Margaret Fletcher

Cause of Death — Primary: Membranous, Pseudo Croup

Immediate: Heart failure 86

How long sick: 5 days

~~Accident, Suicide, Homicide~~

Reported by: David W. Jones M.D.

Address: 3118 O'Donnell

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full ~~X~~ 5904

Certificate of Death

Mrs Kate Fahestock

Died at Town Catonsville County Baltimore MARYLAND

Date 1900 Month Jan Day 11 | Age Y. 43 M. D. | Native of Md | Occupation None

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Wife Seymour Fahenstock

Father's Name Louis Muller Mother's Name Eudocia Muller

Cause of Death: Primary Agitation Melancholia with Bronchitis 46 | How long sick One Year

Immediate Bronchitis | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by R. F. Gundry MD

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

Isaac Francis

Died at Town near Pikesville County Balto. MARYLAND

Date 19 or Month 1 Day 20 | Age Y. 78 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary Old age 141 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 20898

Name in Full #5926 Certificate of Death

Nelson Frederick

Died at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date ~~189~~ 1900 Month January Day 20th | Age Y. 59 M. — D. — | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Mary E. Frederick - Woodberry -

Father's Name | Mother's Name

Cause of Death: Primary Presenile Mania 46 | How long sick Here 5 months

Immediate Exhaustive | Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Maryland

7 Years in Baltimore

Name in Full: William Harry Lenly

Certificate of Death

Died at: Town: Cockeysville County: Balto MARYLAND

Date: 1908 Month: Jan Day: 29 | Age: Y. 42 M. D. | Native of: Md | Occupation: Farmer

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~ 39b

Father's Name: Wm H Lenly

Mother's Name: Mary Curry

Cause of Death: Primary: Cerebro Spinal Meningitis | How long sick: 44 hours

Immediate: Paralysis of Respiratory Centre | ~~Accident, Suicide, Homicide~~

Reported by: Dr B. F. Benson

Address: Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full ~~#~~ 5908

H. C. Gilmore

Certificate of Death

Died at Town Mt Hope Retreat County Balto- MARYLAND

Date 1900 ~~1899~~ Month 1 Day 13 | Age Y. 52 M. - D. - | Native of Balto- | Occupation Hotel Business

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name

Mother's Name 43

Cause of Death: Primary Cerebral Softening - Immediate Cardiac Exhaustion

How long sick Entered Nov 8th 99

Accident, Suicide, Homicide

Reported by Frank J. Flannery MD

Address Mt Hope Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Belongs to Baltd. Md

Name in Full — Certificate of Death

Anna Nieda Glatzell

Died at Town: Gardenville County: Balto Co MARYLAND

Date 1900 Month: Jany Day: 22 | Age Y. 1 M. 21 D. | Native of America | Occupation None

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ / Number ~~of~~ children living

Husband / Wife of

Father's Name: Louis Glatzell

Mother's Name: Louisa Glatzell

Cause of Death — Primary: 49 — How long sick: 3 days

Immadiate: Convulsions — Accident, Suicide, Homicida

Reported by: Ford Corse MD

Address: Gardenville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Name in Full #5895 Certificate of Death

Mary Jane Goble

Died at Town in County Bolto County MARYLAND

Date 1900 Month Jan Day 8th | Age Y. 36 M. 11 D. — | Native of Bolto Co Md | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living six

~~Husband~~ of Wife Wm Goble 72

Father's Name Daniel Mokinson Mother's Name Lina Mokison

Cause of Death Primary Croupous Pneumonia How long sick six days

Immediate " " Accident, Suicide, Homicide

Reported by A Williams M.D.

Address Jeckridge Howard Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. A Williams

of Elk Ridge Maryland

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Emily Jane Gore

Certificate of Death

Town Glyndon County Baltimore MARYLAND

Died at 1900

Date ~~189~~ Month Jan Day 22

Age Y. 46 M. yrs D. -

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name X

Mother's Name X 72

Cause of Death: Primary Pneumonia.

Immediate Complications

How long sick

Accident, Suicide, Homicide

Reported by Thos Price

Address Glyndon. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: John Gowran.

Certificate of Death

Died at Town: Dickeyville County: Baltimore. MARYLAND

Date 1900 Month 1 Day 3 | Age Y. 60 M. — D. | Native of Ireland | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband of Wife

Father's Name: Michael Gowran. Mother's Name: 72

Cause of Death: Primary Lobar Pneumonia. Immediate Syncope.

How long sick 4 days in attendance

~~Accident, Suicide, Homicide~~

Reported by: Hearrol Mommonier, Jr. M.D.

Address: Dickeyville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Mary Ann Graybowski

Certificate of Death

Died at: Town / County: Baltimore MARYLAND

Date ~~189~~ 1900 Month Jan. Dey 19

Age Y. M. D. 9

Native of

Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 48

Cause of Death: Primary Itemic Convulsions — How long sick 3 days

Immediate — Accident, Suicide, Homicide

Reported by Dr. E. J. Williams,

Address 1114 Chesapeake St.

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Maud V. Grimme

~~Town~~

County

Bulto.

Died at

MARYLAND

| | Month | Day | | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|---|
| Date 1900 | Jan. | 30 | Age | 7. | 9. | 5 | Md. | |

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband of~~

~~Wife~~

Father's Name Mr. Grimme

Mother's Name Josephine Brenemann

Cause of Death

Primary Diphtheria 8a

Immediate Heart-failure

How long sick

Accident, Suicide, Homicide

Reported by H. W. Fair M.D.

Address Sitzland. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

John Hanson

Died at ~~Jan~~ Town & Reisterstown County Raltoler MARYLAND

Date 1900 Jan Month 9 Day | Age Y. 40 M. 6 D. 8 | Native of Md | Occupation Plasterer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband of Wife Mary Elizabeth Hanson

Father's Name | Mother's Name 22e

Cause of Death: Primary Tubercular Laryngitis | How long sick 6 mo

Immediate | ~~Accident, Suicide, Homicide~~

Reported by H. M. Slade

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Mary Louisa Starker

Certificate of Death

Died at Town Holbrook County Balto MARYLAND

Date 1900 Month 1 Day 23 Age Y. 78 M. 6 D. 28 Native of Md. Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 8

~~Husband~~ Wife of Jas. Hurker of Wm. Ill.

Father's Name Henry J. Betts Mother's Name Julianna Betts

Cause of Death Primary Cerebral Congestion How long sick 4 days

Immediate 42 Accident, Suicide, Homicide

Reported by Jno. E. Bolt

Address Hurusonville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Mary Louisa Harker

Died at near Town Harrisonville County Balto. MARYLAND

Date 19 00 Month 1 Day 23 | Age Y. 80 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife Jas. Harker

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

Catherine Elenore Harmon

Died at Town: Catonsville County: Balto Co MARYLAND

Date 1900 Month 1 Day 29 | Age Y. M. D. 5 | Native of Md | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name John. B. Harmon | Mother's Name Mamie

Cause of Death: Primary Meningitis 39a | How long sick 3 or 4 weeks

Immediate | Accident, Suicide, Homicide

Reported by J Chas Macgill

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Md

LIBRARY BUREAU, 79898

Name in Full #5892 Certificate of Death

Jane Harris

Town Roland Park County Bye Sa

Died at 204 Prospect Ave. Roland Park MARYLAND

Date 189 Month Day Jan 7th 1900 | Age Y. M. D. 64 | Native of England | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living 4

Husband of Wife —

Father's Name —

Mother's Name — ~~#~~ 157

Cause of Death: Primary / Immediate Paralysis Heart

How long sick Few seconds

Accident, Suicide, Homicide

Reported by Henry F Cassidy M.D.

Address Roland Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Henry T. Cassidy

of Roland Park,

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full Gottlieb Hartmann

Certificate of Death

Died at Town Franklintown County Baltimore MARYLAND

Date ~~189~~ 1900 Month Jan Day 11 | Age Y. 77 M. — D. — | Native of Hanover | Occupation —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband / Wife of Elizabeth Streider

Father's Name Ludwig Hartmann Mother's Name 72

Cause of Death: Primary Lobar Pneumonia — How long sick 2 weeks

Immediate Syncope — ~~Accident, Suicide, Homicide~~

Reported by Harrold Mammoniss Jr M.D.

Address Dickeyville, Md.

Filed 1900

Must be signed by physician, if any in attendance, otherwis[illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full #5921 Certificate of Death

Chas T Heckrotte -

Died at Town Mount Hope Retreat County Balto Co MARYLAND

Date ~~189~~ 1900 Month 1st Day 19 | Age Y. 71 M. — D. — | Native of Baltimore | Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Senile Dementia 46 | How long sick

Immediate Exhaustion - | Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt Hope Retreat Mt Hope Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Belongs to Balto. City

Name in Full

Certificate of Death

*5955 Theresia Heider

Died at Town Canton County Baltimore MARYLAND

Date 1900 Month 1 Day 31 Age Y. 72 M. — D. — Native of Germany Occupation Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None

~~Husband~~ Wife of Joseph Heider

Father's Name Mother's Name 80

Cause of Death Primary Ulcer of stomach

Immediate Exhaustion

How long sick 2 mths.

~~Accident, Suicide, Homicide~~

Reported by Pierre G. Dausch MD.

Address 1731, E. Baltimore St. Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5938 Certificate of Death

Adam Reinbacher

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 1 Day 22 | Age Y. 5 M. 3 D. | Native of Ger. | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number ~~of children living~~

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death: Primary Chronic Parenchymatous Nephritis — How long sick

Immediate Asthenia — Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

In Balto. 23. yr.

Name in Full

Certificate of Death

#5919 John Herzel

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 1 Dey 18 | Age Y. 48 M. D. | Native of Balto | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Primery Phthisis Pulmonalis Indef. | How long sick

Immediate Asthenia | Accident, Suicide, Homicide

Reported by Dr. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Catharine Hofmeister

Died at Town Caves County Balto MARYLAND

Date ~~189~~ 1900 Month Jan Day 28 | Age Y. 56 M. 8 D. | Native of Europe | Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Six

~~Husband~~ Wife of John Hofmeister

Father's Name John Fentte Mother's Name Catharine Fentte

Cause of Death Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Campbell

of Aurigo Mills

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

#5946

Annie Horan

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 1 Day 28 | Age Y. 25 M. D. | Native of Balto | Occupation Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Patrick Horan

Mother's Name 112

Cause of Death

Primary Salpingitis

Immediate Peritonitis Cerebral Embolism

How long sick 1 mth

Accident, Suicide, Homicide

Reported by W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Ruth Hoshall

Died ~~at~~ Town 6th Dist. County Baltimore MARYLAND

Date ~~189~~ 1900 Month Jan. Day 30 | Aga Y. 2 M. 6 D. 11 | Native of Married | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Jesse M. Hoshall | Mother's Name Grace Shanck

Cause of Death: Primary Diphtheria 8a | How long sick 12 days

Immediate Heart Clot | ~~Accident, Suicide, Homicide~~

Reported by Joseph S. Baldwin

Address Eklo. Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

# John H Howser

Certificate of Death

Died at St Denis (Town) Balto (County) MARYLAND

Date 1900 Month Jan Day 3

Age Y. 65 M. x D. x

Native of maryland

Occupation Station Master

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ Widower / ~~Divorced~~

Number of children living none

Husband of
Wife Jennie A. Howser

Father's Name —

Mother's Name —

Cause of Death: Primary — Acute Pneumonia — 72

Immediate

How long sick 10 days

Accident, Suicide, Homicide

Reported by W R Earickson M D. Elk Ridge Balto Co

Address Elk Ridge Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Name in Full: Carl Huber

Certificate of Death

Died at: Town: Minersville County: Balto MARYLAND

Date ~~189~~ 1901 Month: Jany Day: 28 Age Y. M. D.: 4:24 Native of: Balto Occupation: —

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband / Wife of X

Father's Name: Paul Huber Mother's Name: Ella Huber

Cause of Death: Primary: Double Pneumonia How long sick: 4 days

Immediate: — 72 Accident, ~~Suicide, Homicide~~

Reported by: Z B Hall

Address: Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Died at (Town) Reisterstown (County) Balto MARYLAND

Date 1900 Month Jan Day 23 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Hanson Hues

Mother's Name Della Jones

Cause of Death: Primary Still born

Immediate

How long sick

Accident, Suicide, Homicide

Reported by James Gorsuch M.D.

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. James Gore

of Quakertown

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5917

Mary Ann Stumphreys

Certificate of Death

Died at Bay View Asylum (Insane Dept.) Town / Baltimore County MARYLAND

| Date 1900 Month: January Day: 17th | Age Y. 71 M. 6 D. - | Native of Unknown | Occupation Unknown |
|---|---|---|---|

~~Male~~ Female | White | ~~Colored~~ | Married | Single | Widow | Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death: Primary — Chronic Nephritis

Immediate — Exhaustion

How long sick — Some months

Accident, Suicide, Homicide

Reported by R. Allyn Lamb

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

#5939 John Johnson

Town

Died at Bay View Hospital

County

MARYLAND

| Date | Month | Day | Age Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| 1900 | 1 | 20 | 47 | | | Russia | Janitor |

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

22a

Cause of Death — Primary: Pul. Phthisis

Immediate: Pul. Hemorrhage

How long sick: Indef.

Accident, Suicide, Homicide

Reported by: J. M. Holland M.D.

Address: Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 18 yrs.

Name in Full Lucretia Jones

Certificate of Death

Died at Town Risterstown County Balto MARYLAND

Date ~~No~~ 1900 Month Jan Day 29 Age Y. 14 M. D. Native of Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of~~ children living

Husband of Wife

Father's Name Hanson Jones

Mother's Name Annie Jon[redacted]

Cause of Death Primary Laryngeal diphtheria

Immediate

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by James Gore M.D.

Address Risterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. James Gow

of Rochester

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Oscar D. Jones Col

Died at Town: Reisterstown County: Balto MARYLAND

Date 1900 Month: Jan Day: 24 | Age Y. 3 M. 8 D. | Native of Maryland | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Hanson Jones

Mother's Name Annie Jones

Cause of Death — Primary: Cold. — Immediate: Diphtheria 8a

How long sick One day

~~Accident, Suicide, Homicide~~

Reported by James Gosnell M.D.

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Attended by Dr. James Gore

of Leicester

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Frederick. C. W. Karnka

Certificate of Death

Died at Town Highlantown County Balto MARYLAND

Date ~~189~~ 1900. Month 1 Day 18 Age Y. M. D. 21 Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Charles Karnka Mother's Name Elizabeth Karnka

Cause of Death Primary Convulsion. 49 How long sick

Immediate Born delicate Accident, Suicide, Homicide

Reported by E W Janney MD

Address 304 Banks - [redacted] Ext Highlantown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Joseph Keller

Certificate of Death

Died at Town Alms House County Balto. Co MARYLAND

Date 1900 Month 1 Day 13 | Age Y. 65 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Texas Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Edith Mable Kerr

Town Towson County Balto.

Died at Hospital for Consumptive

MARYLAND

| | Month | Day | | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|---|
| Date ~~189~~ 1900 | Jan. | 16 | Age | 28 | – | – | Md. | — |

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name T. C. Kerr

Mother's Name Elvira Stokes

Cause of Death

Primary Phthisis pulmonalis

Immediate Inanition 22a

How long sick 3 years.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. Royston Green M.D.

Address Resident Physician

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Annie K. Klein,

Died at Town Fullerton County Baltimore, MARYLAND

Date 1900 Month Jan Day 5 | Age Y. — M. 3 D. 30 24 | Native of Md | ~~Occupation~~ —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name August Klein Mother's Maiden Name Mollie Manner

Cause of Death: Primary Convulsions 71 | How long sick several hours

Immediate Exhaustion | Accident, Suicide, ~~Homicide~~

Reported by Lizard D. Whitefordmd

Address Parkville Md.

1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989*

St Jos R C. Church
F. Lassalm

Name in Full X 5906 Certificate of Death

Mary Kroeger

Died at Town Catonsville County Baltimore MARYLAND

Date 1900 Month Jan Day 13 | Age Y. 74 M. D. | Native of Germany | Occupation Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife Louis Kroeger Deceased

Father's Name Mother's Name

Cause of Death Primary Recurrent Mania 46 How long sick Several years

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Dr R F Gundry

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Addie Ellen May Kruemmel

Certificate of Death

Died at: Town Lansdowne County Balt. — MARYLAND

Date: 1901 Jan. Month 1 Day 23 | Age Y. — M. — D. 6 | Native of Lansdowne | Occupation Infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ —

~~Husband of Wife~~ — — — —

Father's Name: Gustave A. Kruemmel

Mother's Name: Augusta Kruemmel

Cause of Death: Primary 161 | How long sick unknown

Immediate: Natural Causes. | ~~Accident, Suicide, Homicide~~

Reported by: Frank H Kuhl. M.D.

Address: Lansdowne Balt. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70939

Name in Full

Certificate of Death

N 5936 Levi Lee

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 1 Day 22 Age Y. 67 M. D. Native of Md Occupation —

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 42

Cause of Death Primary Hemiplegia. Senility Indef. How long sick

Immediate Asthenia Accident, Suicide, Homicide

Reported by W Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Inv Balto. 45 yrs.

Name in Full Mary Leykam

Certificate of Death

Died at Town Columbia County Balto MARYLAND

Date 1900 Month Jan Day 1 | Age Y. 59 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of John Leykam

Father's Name 40

Mother's Name ~~256~~

Cause of Death: Primary Carcinoma of Stomach — How long sick 2 months

Immediate — Accident, Suicide, Homicide

Reported by Dr C L Manfeldt

Address Columbia Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5884 Certificate of Death

Camille Loecher.

Dled at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date ~~1900~~ 1900 Month January Day 4th | Age Y. 35 M. — D. | Native of France | Occupation Terra Cotta Worker.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 24

Cause of Death: Primary Syphilis Cerebral — How long sick 1 month here

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79898

Native of France
12 Years in Baltimore

Name in Full

Certificate of Death

Mary R. McGee

Died at Town: Spanish Point. County: Balto. MARYLAND

Date ~~189~~ 1900 Month: Jan. Day: 2nd | Age Y. 5 M. 10 D. 11 | Native of: Pa | Occupation: School girl.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name: Joseph Franklin McGee

Mother's Name: Elizabeth Oaks.

Cause of Death: Primary: Diphtheria. 8a

Immediate: Toxaemia.

How long sick: 12 days.

~~Accident, Suicide, Homicide~~

Reported by: Frank C. Eldred M.D.

Address: Spanish Point. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5933 Certificate of Death

Mary. Mahon

Died at Bay View Asylum (Insane Dept) Town Baltimore County County MARYLAND

Date 1900 Month January Day 23rd | Age Y. 67 M. D. | Native of Ireland | Occupation Domestic

~~Male~~ Female ~~White~~ ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death: Primary — Chronic Interstitial Nephritis — How long sick 4 years last

Immediate — 4 hours time — Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 98

Nature of Ireland

28 years in Baltimore

Name In Full # 5880 Certificate of Death

Annie Manning

Died at Town Fairy Grove County Baltimore Co. MARYLAND

Date ~~189~~ 1900 Month Jan Day 3 | Age Y. 75 M. D. | Native of Ireland | Occupation Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name — Mother's Name — 94

Cause of Death: Primary Intense agony in epigastric region — How long sick Three days

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by G. G. Rusk M. D

Address 2000 E. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

George W Marsh

Certificate of Death

Town

Highlandtown

County

Baltimore

Died at

MARYLAND

| Date 1900 | Month Jan | Day 13 | Age Y. 2 | M. | D. | Native of Va | Occupation — |
|---|---|---|---|---|---|---|---|

Male / ~~Female~~

White / ~~Colored~~

Married / Single / Widow / Widower / Divorced

Number of children living

Husband of —

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Whooping Cough 7 — How long sick: 2 days

Immediate: Convulsions

Accident, Suicide, Homicide

Reported by E Carruthers MD

Address 2229 E. Baeta St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Brunswick Co. Va.

of Harbourton

Name in Full Matthews

Certificate of Death

Wm. Matthews

Died at Town Lett. Washgte County Balt MARYLAND

Date 1900 Month Jan Day 8 | Age Y. 74 M. D. | Native of Md | Occupation Wheel Wright

Male White Married ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary General Debility 153 | How long sick one month

Immediate Paralysis | Accident, Suicide, Homicide

Reported by Dr J. C. Brown

Address Lett Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Mary E. Metz

Died at — Town: Catonsville — County: Baltimore — MARYLAND

Date 1900 — Month: 1 — Day: 29 — Age: Y. 77 M. D. years — Native of: Germany — Occupation: —

~~Male~~ Female — White — ~~Married~~ — Widow — ~~Divorced~~

~~Husband~~ of widow A. H. Metz — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 0

Father's Name — Mother's Name 42

Cause of Death — Primary: Apoplexy — How long sick: 4 days

Immediate: —

Accident, Suicide, Homicide

Reported by D. Whiteley

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full — Certificate of Death

Agnes B. Miller

Died at Town: Parkville — County: Baltimore — MARYLAND

Date 1900 — Month: Jan. — Day: 10 — Age: Y. 2 M. 2 D. 22 — Native of: Balto. Co. — Occupation: ——

~~Male~~ / Female — White / Colored — ~~Married~~ / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of ——

Father's Name: Nicolas Miller — Mother's Name: Margie Rudd

Cause of Death — Primary: Whooping Cough ? — How long sick: 29 days

Immediate: Pneumonia & Exhaustion. — ~~Accident, Suicide, Homicide~~

Reported by: A. X. Whitford per Luigard D. Whitford M.D.

Address: Parkville Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or miniater.

LIBRARY BUREAU 70898

Name in Full #5902

Certificate of Death

Mrs. Almer P. Morris

Died at Town Carroll County Baltimore MARYLAND

| | Month | Day | | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|---|
| Date 1900 | Jan. | 10 | Age | 42 | – | – | Virginia | Dress maker |

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Pul. Tuberculosis 22a

Immediate Asthenia

How long sick: Dec. 20th 1899

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. T. H. Kevin

Address Visiting physician to the Lyons Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

# Mary G Murrey

Certificate of Death

Died at Town: Cabland County: Balto MARYLAND

Date 1899 Month: Jan Day: 24 | Age Y. 7 M. D. | Native of Maryland | Occupation none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Thomas Murrey

Mother's Name: ~~Jane~~ Kate Murrey

Cause of Death: Primary: Chronic Pneumonia

Immediate: Exhaustion 77

How long sick: 39 days.

~~Accident, Suicide, Homicide~~

Reported by: Jno. E. Bolte M.D.

Address: Harrisville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70884

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full | Certificate of Death

Rachel Murray

Died at Town: Sunny Brook County: Baltimore MARYLAND

Date ~~1900~~ 1900 Month: Jan Day: 30 Age Y.: 64 M.: 9 D.: 29 Native of: Lancaster Co Pa Occupation: Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: John Murray Mother's Name: Susanna McDonald

Cause of Death: Primary: Chronic Parenchymatous Nephritis How long sick: Seven months

Immediate: Pericarditis ~~Accident, Suicide, Homicide~~

Reported by: R. Percy Smith, M.D.

Address: Sunny Brook Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

John Newman

Died at Town Westport County Balto, MARYLAND

Date 1900 Month Jan. Day 7, Age Y. 22 M. D. Native of New Jersey Occupation Glass worker.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

22 E

Father's Name John Newman Mother's Name Annie Newman

Cause of Death: Primary General Tuberculosis — How long sick 2 yrs.

Immediate General Failure — Accident, Suicide, Homicide

Reported by C M Benson M.D.

Address 402 Hanover St, Balto, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5873 Certificate of Death

Fannie W. Norris

Died at Town Garrison County Baltimore MARYLAND

Date ~~[illegible]~~ 1900 Month Jan. Day 1st | Age Y. 80 M. D. | Native of Baltimore | Occupation X

~~[illegible]~~ White Married ~~[illegible]~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Nine

Husband of Wife G. Somerville Norris

Father's Name William Edward Wyatt Mother's Name Francis Billopp

Cause of Death Primary Pneumonia 72 How long sick 4 days

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Nathan R. Gorter

Address 1 W. Biddle St. Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Nathan R. Gorter

of 1W. Biddle St. Baltimore Md

Seen by Coroner ———

of ———

Information contained in this certificate received

from Dr. Nathan R. Gorter

of Baltimore Md

Name In Full

Certificate of Death

Died at Town: Lide at Wilgreen County: Bato Co MARYLAND

Date 189 1900 Month: Jan Day: 20 Age: Y. M. D. five ours Native of: Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female f ~~Colored~~ Single ~~Widower~~ ~~Number~~ of children living

Husband of Wife

Father's Name: John Bottner Mother's Name: Mary J Bottner

Cause of Death: Primary: Blue baby 138 How long sick

Immediate: Accident, Suicide, Homicide

Reported by: Martha E Fung

Address: Lucknow 545

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

#5915 Thomas Porter

Died at Mt St. Joseph's College County Baltimore State of MARYLAND

Date ~~189~~ 1900 Month 1st Day 17th Age Y. 31 M. 10 D. 24 Native of Kentucky Occupation Teacher

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name

Mother's Name 22 a/p

Cause of Death: Primary Phthisis Pulmonalis — How long sick 1 Year

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by John G. Hollyday M.D.

Address 714 Frederick ave Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full James G. Potts

Certificate of Death

Died at Town Owings Mills County Baltimore MARYLAND

Date ~~189~~ 1900 Month Jan Day 21 Age Y. 18. M. D. Native of Maryland Occupation Labor

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Abscess of throat 77 How long sick 3 days

Immediate Ditto Accident, Suicide, Homicide

Reported by Dr H H Campbell

Address Owings Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 19 | | Age | | | | |

Male / Female

White / Colored

Married / Single / Widow / Widower / Divorced

Number of children living

Husband of
Wife

42

Father's Name

Mother's Maiden Name

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Name in Full | Certificate of Death

Anna Blanch Ryne

Died at Town: Mt Washington County: Balt MARYLAND

Date ~~189~~ 1900 Month: Jan. Day: 28 | Age Y. 24 M. D. | Native of Maryland Occupation: Balt Co House Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife: John Ryne

Father's Name: Benjamin Bunn

Mother's Name: Racheal Bunn

Cause of Death: Primary: Consumption of Bowels

Immediate:

How long sick: 3 months

~~Accident, Suicide, Homicide~~

Reported by: John Bunn 7 years

Address: Hanover Balt Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Wm. Todd.

of Mt Washington

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Joshua B Robinson

Town

County

Died at Timmegrove Bato MARYLAND

Date 1900 Month Jan Day 20 | Age Y. 8 M. 2 D. | Native of Maryland | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Joshua Robinson

Mother's Name Arlena Robinson

Cause of Death

Primary Cold

Immediate Tuberculose

22a

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by Dr. H. H. Campbell

Address Owings Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received from .....

of .....

Name in Full

Certificate of Death

Wm. C. Russell

Died at Town: Mt Hope Retreat County: Baltimore MARYLAND

Date 1900 Month: 1st Day: 23 | Age Y. 57 M. — D. — | Native of Pa. | Occupation Photographer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name 46

Cause of Death: Primary — Dementia — Post Paralysis — How long sick since Nov. 98

Immediate — Ex from Chron. Diarrhoea — Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Citizen of Baltd

Name in Full Mrs. Annie Blanche Ryan. Certificate of Death

Died at Town Washington. County Dalts. MARYLAND

Date 1900 Month 1. Day 28. Age Y. 23. M. 8. D. 18 Native of Md. Occupation —

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 1.

~~Husband~~ Wife of John J. Ryan

Father's Name Benj. F. Burns. Mother's Name Mrs Rachael J. Burns.

Cause of Death: Primary Intestinal Tuberculosis How long sick 6 mos.

Immediate Asthenia 22 d ~~Accident, Suicide, Homicide~~

Reported by William J. Todd M.D.

Address Washington D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55988

Name in Full #5913 Certificate of Death

Webster Scharon

Died at Town Mt Washington County Balto MARYLAND

Date 1900 Month 1 Day 15 Age Y. 2 M. 3 D. 18 Native of U.S Occupation child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living none

Husband of —
Wife —

Father's Name Chas Scharon Mother's Name Bernice Scharon

Cause of Death Primary Bronchitis 69 How long sick

Immediate Laryngismus Stridulus Accident, Suicide, Homicide

Reported by Morris Shanks M.D

Address Mt Washington Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

#5945 Elizabeth Schlerf

Town: Catonsville County: Baltimore

Died at Catonsville Baltimore MARYLAND

| Date | Month | Day | Age Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| ~~Male~~ 1900 | Janry | 28 | 35. | - | - | Maryland | Housewife |

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of Christian Schlerf

Father's Name John Mahr.

Mother's Name Can not be ascertained

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 2 years

Immediate Exhaustion 22a — ~~Accident, Suicide, Homicide~~

Reported by J. Percy Wade M.D.

Address Md. Hosp. for Insane Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Name in Full: Bertha Marie Schmeiser

Certificate of Death

Died at — Town: Highlandtown — County: Balto — MARYLAND

Date ~~189~~ 1900 — Month: 1 — Day: 15 — Age: Y. 1 — M. — D. 12 — Native of — Occupation

~~Male~~ — White — Married — Widow — Divorced

Female — ~~Colored~~ — Single — Widower — Number of children living: 3

Husband / Wife of

Father's Name: Christ Schmeiser — Mother's Name: Maggie Schmeiser

Cause of Death — Primary: Croup, D — 8c — How long sick: 2 ags

Immediate: Teething — Accident, Suicide, Homicide

Reported by: E. W. Janney M.D.

Address: 304 Banks Ex P Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full #5943

Certificate of Death

Frederick A Spitzman

Died at Town Carroll County Baltimore (S&I) MARYLAND

Date 1908 Month Jan. Day 25 | Age Y. 02 M. - D. - | Native of Germany | Occupation Basket Maker

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick entire Jan. 24th

Immediate Cardiac Asthma | ~~Accident, Suicide, Homicide~~

Reported by Dr. T. G. Leon

Address Visiting Physician to St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Belongs To Baltimore

Name In Full H.

Robert Siedamgrotzki

Certificate of Death

Died at Town Tuxedo County Park Balto. MARYLAND

Date 19 or Month 1 Day 19 | Age Y. 5-8 M. D. | Native of Germany | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living 2

Husband of Wife

Father's Name

Mother's Maiden Name 43

Cause of Death { Primary softening of brain | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 1-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full ** 5942 Clarence H. Smith

Certificate of Death

Died at Town St Denis County Baltimore MARYLAND

Date 1900 Month Jany Day 25 | Age Y. 22 M. 9 D. 15 | Native of Maryland | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children living~~

Husband of
Wife —

Father's Name John H. Smith

Mother's Name Mary E. Smith

Cause of Death — Primary Chr. Epilepsy — 47 — How long sick 18 years

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Mrs R. Earnshaw

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Fannie Smith

Certificate of Death

48

Died at Town: Arbutus County: Baltimore MARYLAND

Date 1900 Month: Jany Day: 14 | Age Y. 53 M. 1 D. 12 | Native of Md | Occupation Cook

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of Samuel Smith (Dec'd)

Father's Name Wm Hawkins | Mother's Name Adaline Hawkins

Cause of Death: Primary Pulmonary Tuberculosis | How long sick 8 Mos.

Immediate Exhaustion 27 | ~~Accident, Suicide, Homicide~~

Reported by M. R. Earnickson

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993

James Smith

CERTI

MARY

TO BE ANSWERED BY NEAREST FRIEND

| | | | |
|---|---|---|---|
| Died at Town: Balto | County: | | |
| Date of death 1909 | Month: Jan | Day: 1 | Age: Years 50 Months 0 |
| Sex: male | Color or Race: black | Birthplace: Balto M | |
| Occupation: drayman | Where Residing if not at place of death: | | |
| Married, Single or Widowed: single | Name of Wife or Husband: | | |
| Father's Name: Tom Smith | Father's Birthplace: Washington D | | |
| Mother's Maiden Name: Sallie White | Mother's Birthplace: Washington " | | |
| Name of person giving Information: Alex Brown | How related to deceased: 1st cousin | | |

## CAUSES OF DEATH

PHYSICIAN OR CORONER

| | |
|---|---|
| Primary: arterio-sclerosis | How long: 2 yrs |
| Immediate: angina pectoris | How long: 1 yr |
| Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician: A. Graham |
| | Address: 639. W. Lombard |
| Accident or Suicide? | |

LIBRARY BUREAU A88516

Name in Full Christianna Stansbury

Certificate of Death

Died at Town Towsen County Baltimore MARYLAND

Date 1900 Month 1 Day 7 Age Y. 89 M. 3 D. 22 Native of American Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Paralysis 44 How long sick

Immediate Old age & General debility Accident, Suicide, Homicide

Reported by Stewart & Mowen

Address 215 Park ave Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268

Dr James H Jarrett
was the attending Physician
and the interment will be
made on the Home Farm
in a private Ground two
miles South East of Lawson

Stewart Brown

Name In Full William L. Stone

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 19 00 Month Jan. Day 8th Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Maiden Name 1556

Cause of Death Primary Heart failure

Immediate and exposure

How long sick

Accident, Suicide, Homicide

Reported by William Leyshon, J.P., Coroner.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79308

Name in Full: Henry Sunn

Certificate of Death

Died at — Town: Parkville — County: Baltimore — MARYLAND

Date 1900 — Month: January — Day: 30 — Age: Y. 30. M. D. 10 — Native of: Maryland — Occupation: Not Any

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children~~ living

~~Husband~~ / ~~Wife~~ of

Father's Name: Henry Sunn — Mother's Name: Henriette Sunn

Cause of Death — Primary: Epilepsy — 47 — How long sick: 10 years

Immediate: Convulsions — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Geo F. Gorse M.D.

Address: Gardenville Maryland

Mr Sunn was an Imbecile

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mary Swartz

Certificate of Death

Died at Town Alms House County Balto. Co MARYLAND

Date 1900 Month 1 Day — Age Y. 41 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name 57

Cause of Death Primary Immediate Heart Lesion

How long sick

Accident, Suicide, Homicide

Reported by S. C. Bussey

Address Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5909 Certificate of Death

Benj. Symond

Died at Town Mt Hope Retreat County Balto Co MARYLAND

Date ~~189~~ 1900 Month 1 Day 11 | Age Y. 55 M. – D. – | Native of Mass | Occupation Barkeeper

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary Paresis – 45 | How long sick

Immediate Ex | Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Belongs to County

Name in Full — Certificate of Death

Infant

Died at — Town: Glyndon — County: Baltimore — MARYLAND

Date 189 1900 — Month: Jan. — Day: 11 — Age: Y. 0 M. 0 D. 6 — Native of: Glyndon — Occupation: —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living None

Husband / Wife of

Father's Name: Robert Taylor

Mother's Name: Maria Taylor

Cause of Death — Primary: Capillary Bronchitis — How long sick: 7 1

Immediate — Accident, Suicide, Homicide

Reported by: T. Rowland M.D.

Address: Glyndon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

#5922 James Tobin

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 11 Day 18 | Age Y. 37 M. 7 D. | Native of Penn. | Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

256

Cause of Death: Primary Carcinoma of liver — How long sick Indef.

Immediate Pyemia — Accident, Suicide, Homicide

Reported by J. W. Holland

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

In Balto. 10 days.

Name in Full Margaret Townsend

Certificate of Death

Died at Town Hereford County Baltimore MARYLAND

Date 1900 Month 1 Day 12 | Age Y. 73 M. 11 D. 12 | Native of Md | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living None

Husband of / Wife Robert J. Townsend

Father's Name Jacob Turnbaugh | Mother's Name Nancy Turnbaugh

Cause of Death — Primary: Paralysis 44 | How long sick: Two years

Immediate: Coma

~~Accident, Suicide, Homicide~~

Reported by A. C. Mitchell

Address Hereford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full #5937 Certificate of Death

Mary Ann Proxell

Died at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date 1900 Month January Day 21st | Age Y. 70 M. 6 D. | Native of Maryland | Occupation domestic

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 46

Cause of Death: Primary Senile Dementia — How long sick 2 yrs here

Immediate Apoplexy — Accident, Suicide, Homicide

Reported by R Allingshurst

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79886

Nature of Maryland,

3 Years in Balt.

Name In Full

Certificate of Death

Thos. Tuttle

Town

County Balto

Died at MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 19 07 | 1 | 10 | Age 62 | | | |

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 8

Husband of

Wife

Father's Name

Mother's Maiden Name 145d

Cause of Death { Primary Killed by Electric Car | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Argus 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Lizzie R. Dyler

Died at Granite (Town) Baltimore (County) MARYLAND

Date 1900 Jan 18 | Age Y. 1 M. 2 D. 12 | Native of Md. | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Wm Dyler

Mother's Name Annie C Dyler

Cause of Death: Primary Rheumonia 72 — How long sick 12 days

Immediate Asthenia

Accident, Suicide, Homicide

Reported by H. J. Stapley Asst

Address Granite Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full #5902 Certificate of Death

Anton ~~Dr.~~ Veditz

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 1 Day 12 | Age Y. 62 M. D. | Native of Ger. | Occupation Grocer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 72

Cause of Death: Primary Lobar Pneumonia

Immediate Pulmonary Oedema

How long sick

Accident, Suicide, Homicide

Reported by W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 40 yrs.

Name in Full

Certificate of Death

5881 John Vertet

Died at Town Bay View County Hospital MARYLAND

1900 Month 1 Day 3 | Age Y. 51 M. D. | Native of Balto | Occupation Butcher

~~Date~~

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife Catherine Vertet

Father's Name | Mother's Name

Cause of Death: Primary Chorea 51 | How long sick Indefinite

Immediate Asthenia | Accident, Suicide, Homicide

Reported by J. W. Holland

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Sylvester Bazeman Vondersmith

Died at Town Reisterstown County Balto MARYLAND

Date 1900 Month 1 Day 28

Age Y. 35 M. 3 D.

Native of Md

Occupation Manager Hotel

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living.~~

Husband of

Wife

Father's Name Daniel Vondersmith

Mother's Name Julia A. Vondersmith

Cause of Death: Primary

Immediate Cirrhosis of the Liver 90

How long sick 8 mo

~~Accident, Suicide, Homicide~~

Reported by H. M. Slade

Address Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7

Name in Full

Certificate of Death

Charles E. Watts

Died at Town Granite County Balto Co MARYLAND

Date 1900 Month Jan Day 17 Age Y. 1 M. 3 D. Native of Md. Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

86

Father's Name Wm. E. Watts Mother's Name Jane B. Watts

Cause of Death Primary Membranous Croup How long sick 65 hours

Immediate Exhaustion & Asphyxia ~~Accident, Suicide, Homicide~~

Reported by H. F. Shipley Mkt

Address Granite Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Charles Watts

Certificate of Death

Died at Town Granite County Balto. MARYLAND

Date ~~1900~~ Month Jan Day 17 | Age Y. 15 M. months D. | Native of Md | ~~Occupation~~

~~Male~~ White ~~Female~~ ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~

Father's Name Edward Watts

Mother's Name Julia Stumpf

Cause of Death: Primary Croup.

Immediate

86

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by D. Hillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Offutt

of Grantie

Seen by Coroner

of

Information contained in this certificate received

from Samuel F. Stump

of Albarton Md.

Name in Full Elizabeth Webb — Certificate of Death

Died at Town Ella County Balto MARYLAND

Date 1900 Month Jany Day 13 Age Y. 84 M. D. Native of Md Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband Wife of Clark Webb's widow

Father's Name — Mother's Name —

Cause of Death: Primary old age 91 — How long sick

Immediate Bronchitis — Accident, Suicide, Homicide

Reported by W. J. Byrne

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full George Heber, Certificate of Death

Died at Town Cassey P.O. County Baltimore MARYLAND

Date 1900 Month June Day 27 | Age Y. 5 M. 4 D. 8 | Native of Balto. Co. | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name Gustav Heber | Mother's Name Annie Burkhardt. 71

Cause of Death — Primary: Capillary Bronchitis | How long sick 4 days attended

Immediate: Apnea - Exhaustion | Accident, Suicide, Homicide

Reported by C. X. Whitford for L. D. Whitford M.D.

Address Parkville Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79709

Name in Full

Certificate of Death

#5899 Rob. Webster.

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 11 Day 10 | Age Y. 51 M. D. | Native of Va. | Occupation Hostler

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number ~~of children living~~

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis — How long sick Indefinite

Immediate Asthenia — Accident, Suicide, Homicide

Reported by J. W. Holland

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 23 yrs.

Name in Full

Certificate of Death

Marcella Wisner

Died at Town: Trenton — County: Balt — MARYLAND

Date 1900 — Month: 1 — Day: 24 — Age: Y. 7 M. 5 D. 16 — Native of: Ind — Occupation: —

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living: 6

Husband of / Wife

Father's Name: Peter Wisner

Mother's Name: Emma Kemp

Cause of Death — Primary: 77

Immediate: Quincy

How long sick: 3 days

Accident, Suicide, Homicide

Reported by: J. H. Wilson M.D.

Address: Finksburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full #5900 Certificate of Death

Mr. Lucy Wyatt

Died at Town Roland Park County 748 Roland Ave, Bet. Co. MARYLAND

Date 1900 Month Jan. Day 10th. Age Y. 52 M. 2 D. Native of Va Occupation Housewife

Male Female White Colored Married Single Widow Widower Divorced Number of children living 0

Husband of Wife Johnson Wyatt (Col)

Father's Name — Mother's Name —

Cause of Death: Primary apoplexy 42 How long sick 2 Hours

Immediate Pressure from Abot on Brain Accident, Suicide, Homicide

Reported by Henry F. Cassidy M.D.

Address 408 Roland Ave, Roland Park.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Undertaker

Horace Burgee

3605 Falls Road

Date of burial

Jan. 14-1900

Place of burial

Sharpe St. Cemetery